



**THE COMMONWEALTH OF MASSACHUSETTS  
TRAVEL AUTHORIZATION FORM (Form TAF)**

Shaded areas must be completed if travel is subsidized by a private party, per 801 CMR 7.00

1. Date of Request: 12/30/2008	2. Travel Request #:	3. Department/Division: DPH	4. DEPT/ORGN: 294	5. Appropriation No.: 4510-0
6. Name of Traveler(s):	7. Title(s):	8. Dates of Travel	8.a Destination	
9. Travel Itinerary and Justification (If travel is privately subsidized, statement of purpose must include anticipated benefit to the Commonwealth and Employee):				
<input checked="" type="checkbox"/> Supporting documentation, i.e. agendas or brochures, is attached. <b>Signature of Bureau Director/Assistant Commissioner/Hospital Director:</b> _____ Date: _____				

10. Estimated Expenses:	Private Funds	State/Federal Funds	Personal Funds	Other Funds
Transportation: (check all that apply)				
Air <input checked="" type="checkbox"/> Rail <input type="checkbox"/> Bus	\$ -	\$ -	\$ -	\$ -
Taxi <input checked="" type="checkbox"/>	\$ -	\$ -	\$ -	\$ -
Car: <input type="checkbox"/> State <input checked="" type="checkbox"/> Personal Rental	\$ -	\$ -	\$ -	\$ -
Parking \$20 *0 Days	\$ -	\$ -	\$ -	\$ -
Lodging \$100.00 *0 Days	\$ -	\$ -	\$ -	\$ -
Meals \$00.00 *0 Days	\$ -	\$ -	\$ -	\$ -
Other: (please list): Tips Registration Fee	\$ -	\$ -	\$ -	\$ -
Sub Total(s)	\$ -	\$ -	\$ -	\$ -
Grand Total	\$ -	\$ -	\$ -	\$ -

11. Include names of all other travelers (including family, friends or coworkers) and how they will pay. In addition, if the travel consists of a non-business component, please describe:
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12. Privately Subsidized Travel Information:	Not Applicable <input checked="" type="checkbox"/>
Name of Contact Person:	Describe all activities offered and intent to participate: _____
Company:	_____
Address:	_____
Business Activity:	_____
Telephone Number:	Relationship Between Private Party and the _____

13. Certifications and Authorizations
I hereby certify under the pains and penalties of perjury that, to the best of my knowledge, the above information is true and correct.
Signature of Traveler: _____ Date: _____
I hereby certify that sufficient funds are available for the above described travel accommodations.
<input type="checkbox"/> Delegation from Secretary granted.
Signature of Department Head or Designee: _____ Title: _____ Date: _____
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Approved With <input type="checkbox"/> Comments Attached

Signature of Cabinet Secretary: _____ Date: _____
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ACCOUNT	ACCOUNT NAME	SOURCE
0330-2206	FALL RIVER NEW CH & VARIOUS COURTHOUSE	2CN
0330-2208	COURT MASTERPLAN REPAIR COSTS	2CN
1201-0109	ENFORCEMENT STATE'S ACCESS & VISITATION	4FN
1201-0410	DOR CHILD SUPPORT ENFORCEMENT TRUST FUND	3TN
1790-2010	E-GOVERNMENT RESERVE	2CN
4000-0140	BETSY LEHMAN CENTER	1CS
4000-0300	ADMINISTRATION OF THE MEDICAID PROGRAM	1CS
4000-2011	HUMAN SERVICE FACILITIES UPGRADES, F&E	2CN
4000-4000	HEALTH INSURANCE PORTABILITY AND	3TN
4000-7570	MEDICAID TRANSFORMATION GRANT	4FN
4000-9402	SUBSTANCE ABUSE PREVENTION & TREATMENT	4FN
4003-0805	REFUGEE RESETTLEMENT PROGRAM	4FN
4003-0806	REFUGEE CASH, MEDICAL AND ADMINISTRATION	4FN
4100-0062	HEALTH CARE QUALITY IMPROVEMENT	3TN
4100-1056	GROSS PAYMENTS TO HOSPITALS	3TN
4190-0100	SOLDIERS' HOME IN HOLYOKE	1CS
4400-0705	MCKINNEY EMERGENCY SHELTER GRANTS PROGRM	4FN
4400-0707	CONTINUUM OF CARE SUPP HOUSING	4FN
4403-2120	FOR FAMILY SHELTER/TRANSITIONAL HOUSING	1CS
4500-1000	PREVENTIVE HEALTH SERVICES BLOCK	4FN
4500-1050	RAPE PREVENTION & EDUCATION	4FN
4500-1055	VIOLENCE AGAINST WOMEN PLANNING & IMPL-	4FN
4500-1060	RAPE PREVENTION	4FN
4500-1065	OHM STATE PARTNERSHIP GRANT	4FN
4500-2000	MATERNAL AND CHILD HEALTH SERVICES	4FN
4502-1012	COOPERATIVE HEALTH STATISTICS SYSTEM	4FN
4510-0099	FEES FROM LICENSES & INSPECTIONS	1RN
4510-0100	BUREAU OF ADMINISTRATION-ADMINISTRATION	1CS
4510-0106	END OF LIFE CARE COMMISSION RET REV	1RN
4510-0108	STATE OFFICE FOR PHARMACY SERVICES ISF	1IN
4510-0109	STATE LOAN REPAYMENT PROJECT	4FN
4510-0110	COMMUNITY AND OTHER HEALTH CENTERS	1CS
4510-0113	OFFICE OF RURAL HEALTH	4FN
4510-0117	MASS STATE LOAN REPAYMENT UMASS MEDICAL	3TN
4510-0118	PRIMARY CARE COOPERATIVE AGREEMENT	4FN
4510-0119	RURAL HOSPITAL FLEXIBILITY PROGRAM	4FN
4510-0150	MANAGED CARE COMMUNITY HEALTH	1CS
4510-0219	SMALL RURAL HOSPITAL IMPROVEMENT GRANT	4FN
4510-0220	CHILDRENS ORAL HEALTHCARE ACCESS PROGRAM	4FN
4510-0221	TARGETED ORAL HEALTH SERVICES	4FN
4510-0400	MEDICARE & MEDICAID SURVEY & CERTIFICA-	4FN
4510-0403	MASS REPORTING SYSTEM EVALUATE EFFECTS	4FN
4510-0404	BIOTERRORISM HOSPITAL PREPAREDNESS	4FN
4510-0500	CLINICAL LABORATORY IMPROVEMENT	4FN
4510-0600	ENVIRONMENTAL HEALTH SERVICES	1CS
4510-0606	UREA FORMALDEHYDE FOAM INSULATION FOR	3TN

4510-0615	NUCLEAR SAFETY ASSESSMENTS/LICENSE FEES	1RN
4510-0616	TO ESTABLISH & MAINTAIN DRUG REGISTRAT'N	1RN
4510-0619	FDA INSPECTION OF FOOD ESTABLISHMENTS	4FN
4510-0623	SURVEILLANCE OF HEALTH OUTCOMES AND	3TN
4510-0625	LOW LEVEL RADIOACTIVE WASTE REBATE TRUST	3TN
4510-0626	MDPH STATEWIDE SURVEILLANCE OF HEALTH	4FN
4510-0627	PRESCRIPTION DRUG MONITORING	4FN
4510-0628	DEVELOPING AND ENHANCING PRESCRIPTION DRUG	4FN
4510-0629	HAROLD RODGERS PRESCRIPTION DRUG MONITOR	4FN
4510-0630	ENABLING ELECTRONIC PRESCRIBING AND ENHANCEMENT	4FN
4510-0633	FY2004 PRESCRIPTION DRUG	4FN
4510-0634	FOOD SAFETY TASK FORCE MEETING	4FN
4510-0635	LEAD PAINT EDUCATION & TRAINING	3TN
4510-0636	CHILDHOOD LEADPAINT POISONING PREVENTION	4FN
4510-0638	BJA PRESCRIPTION DRUG MONITORING	4FN
4510-0639	FOOD PROTECTION RAPID RESPONSE TEAM	4FN
4510-0710	OFFICE OF REGULATION-ADMINISTRATION	1CS
4510-0712	HEALTH FACILITIES LICENSURE RETAINED	1RN
4510-0714	CIVIL MONETARY PENALTIES	3TN
4510-0715	PRIMARY CARE CENTER AND LOAN FORGIVENESS PROGRAM	1CS
4510-0716	ACADEMIC DETAILING PROGRAM	1CS
4510-0720	CERTIFIED NURSE'S AIDE TRAINING SCHOLAR-	1CS
4510-0725	HEALTH BOARDS OF REGISTRATION ADMIN	1CS
4510-0727	QUALITY IN HEALTH PROFESSIONS TRUST FUND	3TN
4510-0729	BOARD OF REGISTRATION IN MEDICINE TRUST	3TN
4510-0790	REGIONAL EMERGENCY MEDICAL SERVICES	1CS
4510-0792	TRAUMA EMS - MATERNAL & CHILD HEALTH	4FN
4510-0793	RURAL ACCESS TO EMERGENCY DEVICES ACT	4FN
4510-0810	SEXUAL ASSAULT NURSE EXAMINERS PROGRAM	1CS
4510-0820	PEDI-SANE	1CS
4510-6921	HEALTH CARE QUALITY - ORGAN TRANSPLANT	3TN
4510-9014	MAMMOGRAPHY QUALITY STANDARDS ACT	4FN
4510-9040	DIABETES CONTROL PROGRAM	4FN
4510-9043	DEMO PROGRAM TO CONDUCT TOXIC WASTE SITE	4FN
4510-9048	INDOOR RADON DEVELOPMENT PROGRAM	4FN
4510-9052	TREMOLITE ASBESTOS EXPOSURE	4FN
4510-9053	BEACH MONITORING	4FN
4510-9054	PEDIATRIC ASTHMA REGIONAL SURVEILLANCE	4FN
4510-9056	NATIONAL ENVIRON PUBLIC HEALTH TRACKING	4FN
4510-9062	PREVALENCE OF ALS & MS IN COMMUNITIES	4FN
4510-9063	ENVIRONMENTAL & HEALTH EFFECT TRACKING	4FN
4512-0102	SEXUALLY TRANSMITTED DISEASE CONTROL	4FN
4512-0103	ACQUIRED IMMUNE DEFICIENCY PROGRAM	1CS
4512-0105	MASSACHUSETTS AIDS FUND	3TN
4512-0106	HIV/AIDS DRUG ASSISTANCE REBATES	1RN
4512-0107	HIV RISK BEHAVIOR SURVEILLANCE	4FN
4512-0179	VACCINATION ASSISTANCE PROJECT	4FN
4512-0180	EPIDEMIOLOGY AND LAB SURVEILLANCE	4FN
4512-0183	LAB MARKER RECENT HIV INFECTION RESEARCH	4FN

4512-0184	VIRAL HEPATITIS PREVENTION SERVICES	4FN
4512-0200	DIVISION OF ALCOHOLISM ADMINISTRATION	1CS
4512-0201	SUBSTANCE ABUSE STEP-DOWN RECOVERY SERVICES	1CS
4512-0225	GAMBLERS TREATMENT PROGRAM	1RN
4512-0500	DIVISION OF DENTAL HEALTH-ADMINISTRATION	1CS
4512-9061	STATE DATA INFRASTRUCTURE (SID) PROGRAM	4FN
4512-9062	MH/SUBSTANCE ABUSE EMERGENCY RESPONSE	4FN
4512-9063	ECSTASY AND OTHER CLUB DRUGS	4FN
4512-9064	ADOLESCENT TREATMENT COORDINATION	4FN
4512-9065	STATE OUTCOMES MEASUREMENT AND MANAGEMENT SYSTEM	4FN
4512-9066	STATE EPIDEMIOLOGICAL OUTCOMES WORKSHOP	4FN
4512-9067	SCREENING AND BRIEF INTERVENTION	4FN
4512-9068	COLLABORATIVE FOR ACTION, LEADERSHIP, AND LEARNING	4FN
4512-9069	SUBSTANCE ABUSE PREVENTION AND TREATMENT - BLOCK GRANT	4FN
4512-9070	PROMOTING SAFE AND STABILATE FAMILIES	4FN
4512-9071	OJJDP SUBSTANCE ABUSE PREVENTION	4FN
4512-9410	S.H.A.R.E. REVOLVING LOAN FUND	3TN
4512-9426	UNIFORM ALCOHOL & DRUG ABUSE DATA	4FN
4513-0111	HOUSING OPPORTUNITIES - PEOPLE WITH AIDS	4FN
4513-1000	FAMILY HEALTH PROGRAM	1CS
4513-1002	FOR THE ADMINISTRATION OF OFFICE OF	1CS
4513-1012	INFANT FORMULA PRICE ENHANCEMENT	1RS
4513-1014	WIC ESCROW	3TN
4513-1020	EARLY INTERVENTION SERVICES	1CS
4513-1021	EARLY INTERVENTION STAFF RATE INCREASE	1CS
4513-1023	UNIVERSAL NEWBORN HEARING SCREENING	1CS
4513-1024	SHAKEN BABY SYNDROME PREVENTION PROGRAM	1CS
4513-1026	SUICIDE PREVENTION	1CS
4513-1111	OSTEOPOROSIS EDUCATION AND PREVENTION PROGRAM	1CS
4513-1112	FOR A PROSTATE CANCER PREVENTION	1CS
4513-1113	COLORECTAL CANCER	1CS
4513-1114	HEPATITIS C	1CS
4513-1115	MULTIPLE SCLEROSIS	1CS
4513-1121	STOP STROKE PROGRAM	1CS
4513-1122	OVARIAN CANCER SCREENING	1CS
4513-1130	DOMESTIC VIOLENCE AND SEXUAL ASSAULT SERVICES	1CS
4513-9007	NUTRITIONAL STATUS OF WOMEN AND INFANTS	4FN
4513-9018	AUGMENTATION & EVALUATION OF ESTABLISHED	4FN
4513-9019	HIV TESTING - REGULAR MEDICAL CARE SRVCS	4FN
4513-9020	EXPANDED & INTEGRATED HIV TESTING	4FN
4513-9021	PROGRAM FOR INFANTS AND	4FN
4513-9022	SECONDARY CONDITIONS PREVENTION STATE	4FN
4513-9023	MASS HIV/AIDS NATIONAL BEHAVIORAL SURVEILLANCE	4FN
4513-9027	MASS CARE: COMMUNITY AIDS RESOURCE	4FN
4513-9030	PLANNING A COMPREHENSIVE PRIMARY CARE	4FN
4513-9035	AIDS SURVEILLANCE AND SEROPREVALENCE	4FN
4513-9037	RYAN WHITE COMPREHENSIVE AIDS RESOURCES	4FN
4513-9038	SHELTER PLUS CARE-WORCESTER	4FN
4513-9046	CONGENITAL ANOMALIES CTR OF EXCELLENCE	4FN

4513-9050	MAX CARE: MAXIMIZING CHILDREN'S HEALTH &	4FN
4513-9051	RURAL DOMESTIC VIOLENCE & CHILD VICTIMI-	4FN
4513-9060	RESIDENTIAL FIRE INJURY PREVENTION PROJ.	4FN
4513-9061	ABSTINENCE EDUCATION PROJECT	4FN
4513-9062	ALCOHOL SCREENING ASSESSMENT - PREGNANCY	4FN
4513-9066	UNIVERSAL NEWBORN HEARING SCREENING	4FN
4513-9069	HIV INTERVENTION CARE DEMO INCARCERATED	4FN
4513-9071	EARLY HEARING DETECTION AND INTERVENTION	4FN
4513-9072	INTIMATE PARTNER VIOLENCE AMONG RACIAL &	4FN
4513-9073	MEDICAL HOME PROJECT	4FN
4513-9074	GENETICS SERVICES PROJECT	4FN
4513-9075	ALCOHOL SCREENING DURING PREGNANCY	4FN
4513-9076	EARLY CHILDHOOD COMPREHENSIVE SYSTEMS	4FN
4513-9077	EMERGENCY MEDICAL SERVICES FOR CHILDREN	4FN
4513-9078	ASTHMA PLANNING COLLABORATIVE INITIATIVE	4FN
4513-9079	MASS YOUTH VIOLENCE PREVENTION PROGRAM	4FN
4513-9080	MASSACHUSETTS PERINATAL CORRECTION	4FN
4513-9081	STATE IMPLEMENTATION GRANT FOR CSHCN	4FN
4513-9082	ID & TREATMENT FOR INFANTS & FAMILIES	4FN
4513-9083	YOUTH SUICIDE PREVENTION	4FN
4513-9084	ABSTINENCE EDUCATION PROJECT	4FN
4513-9085	PREGNANCY RISK ASSESSMENT MONITORING SYSTEM	4FN
4513-9086	ORAL HEALTH WORKFORCE ACTIVITIES SUPPORT GRANT	4FN
4513-9087	GRANTS TO STATES TO SUPPORT ORAL HEALTH WORKFORCE ACTIVITIES	4FN
4513-9088	HELPING HANDS FOR INFANTS AND THEIR FAMILIES	4FN
4513-9089	FIRST TIME MOTHERHOOD' NEW PARENTS INITIATIVE	4FN
4513-9102	EMERGENCY MED SERVS CHILDREN PARTNERSHIP	4FN
4514-0100	CATASTROPHIC ILLNESS IN CHILDREN RELIEF	3TN
4514-0200	SPINAL CORD INJURY TRUST FUND	3TN
4514-1001	CULTURAL PERSPECTIVE OBESITY AMONG	4FN
4514-1004	EMOTION BASED MESSAGES TO	4FN
4514-1005	WIC - MANAGEMENT INFORMATION SYSTEMS	4FN
4514-1006	WIC SPECIAL PROJECT GETTING TO THE HEART OF THE MATTER	4FN
4515-0114	REFUGEE HEALTH SERVICES SPECIAL CONDI-	4FN
4515-0115	TUBERCULOSIS CONTROL PROJECT (317)	4FN
4515-0117	TB EPIDEMIOLOGIC & OPERATIONAL RESEARCH	4FN
4515-0121	TUBERCULOSIS EPIDEMIOLOGICAL STUDIES	4FN
4515-0200	STD/HIV PREVENTION TRAINING CENTERS	4FN
4515-0203	MONITORING TRENDS IN PREVALENCE OF STD,	4FN
4515-0204	STRENGTHENING SURVEILLANCE FOR INFECTIOUS DISEASE	4FN
4515-0205	HIV TRAINING THROUGH PREVENTION TRAINING	4FN
4516-0263	BLOOD LEAD TESTING RETAINED REVENUE	1RN
4516-0264	DIABETES SCREENING AND OUTREACH	1CS
4516-1000	CENTER FOR LABORATORY AND COMMUNICABLE	1CS
4516-1018	LYME DISEASE RESEARCH & EDUCATION	4FN
4516-1019	LABORATORY BIOMONITORING PLANNING	4FN
4516-1021	PUBLIC HEALTH PREPAREDNESS & RESPONSE	4FN
4516-1022	FEES FOR TB TESTS RETAINED REVENUE	1RN
4516-1023	FLU CARE AT HOME EXPENDABLE TRUST	3TN

4516-1025	MORBIDITY AND RISK BEHAVIOR	4FN
4516-1027	MASSACHUSETTS ELECTRONIC LAB DATA EXCHANGE PROJECT SUPPORTS	4FN
4518-0200	VITAL RECORDS RETAINED REVENUE	1RN
4518-0505	TECH DATA & MASS BIRTH/INFANT DEATH FILE	4FN
4518-0506	CORE INJURY SURVEILLANCE PHASE III	4FN
4518-0507	CORE INJURY SURVEILLANCE PHASE II	4FN
4518-0508	STATEWIDE INJURY SURVEILLANCE EVALUATION	4FN
4518-0509	OCCUPATIONAL HEALTH SURVEILLANCE	4FN
4518-0513	OCCUPATIONAL INJURIES TO UNDER AGE 18	4FN
4518-0514	NATIONAL VIOLENT DEATH REPORTING SYSTEM	4FN
4518-0530	STATE ASSESSMENT INITIATIVES SUPPORT BY	4FN
4518-0532	CORE OCCUPATIONAL HEALTH SURVEILLANCE	4FN
4518-0534	PUBLIC HEALTH INJURY SURVEILLANCE & PREVENTION	4FN
4518-1000	PROCUREMENT OF INFORMATION FOR THE	4FN
4518-1002	MASSACHUSETTS DEATH FILE - SOC. SEC. ADM	4FN
4518-1003	BIRTH RECORDS-MASSACHUSETTS-FOR SOCIAL	4FN
4518-1004	PROMOTING INTEGRATION OF STATE HEALTH INFORMATION SYSTEM	4FN
4518-9022	SENTINEL EVENT NOTIFICATION SYSTEM	4FN
4518-9023	CENSUS OF FATAL OCCUPATIONAL INJURIES	4FN
4518-9025	FATALITY SURVEILLANCE & FIELD INVESTIGA-	4FN
4518-9026	DPH SHARPS INJURIES AND BLOOD EXPOSURE IN HOME HEALTH CARE	3TN
4530-9000	TEENAGE PREGNANCY PREVENTION TECHNICAL	1CS
4570-1500	EARLY BREAST CANCER DETECTION & RESEARCH	1CS
4570-1502	INFECTION PREVENTION	1CS
4570-1509	MASS CARDIOVASCULAR DISEASE PREVENTION	4FN
4570-1510	OBESITY PREVENTION THRU STATE NUTRITION	4FN
4570-1511	MASSACHUSETTS PASS KEY TO WOMENS HEALTH	4FN
4570-1512	NATIONAL CANCER PREVENTION CONTROL	4FN
4570-1514	MASSACHUSETTS WISEWOMEN PROGRAM	4FN
4570-1515	CHRONIC DISEASE PREVENT & HEALTH PROMOTN	4FN
4570-1516	PAUL COVERDELL NATIONAL ACUTE STROKE REGISTRY	4FN
4570-1517	MASSACHUSETTS NUTRITION, PHYSICAL ACTIVITY AND OBESITY	4FN
4580-1000	UNIVERSAL IMMUNIZATION	1CS
4590-0250	SMOKING PREVENTION EXPANSION	1CS
4590-0300	FOR THE SMOKING PREVENTION & CESSATION	1CS
4590-0306	DESIGN & CHARACTERIZATION OF CIGARETTES	4FN
4590-0901	STATE HOSPITALS ISF	1IN
4590-0903	SHATTUCK COUNTY CORR ISF	1IN
4590-0912	WESTERN MASS HOSPITAL REIMBURSEMENTS	1RN
4590-0913	MEDICAL SERVICES FOR HOUSE OF CORRECTION	1RN
4590-0914	DIRECT CARE STAFF RECRUITMENT AND RETENTION	1CS
4590-0915	HOSPITAL OPERATIONS	1CS
4590-0916	PUBLIC HEALTH HOSPITALS CAPITAL EXPENDITURES - LEM	1CN
4590-1503	PEDIATRIC PALLIATIVE CARE	1CS
4590-1506	VIOLENCE PREVENTION GRANTS	1CS
4590-7411	LEMUEL SHATTUCK HOSP INFORMATION SYSTEM	3TN
4800-0038	SERVICES FOR CHILDREN & FAMILIES	1CS
4800-1400	CONTRACTS FOR WOMEN IN TRANSITION	1CS
4899-0022	CHILD ABUSE AND NEGLECT PREVENTION AND	4FN

5011-2001	MENTAL HEALTH INFORMATION SYSTEM FUND	3TN
5042-5000	FOR THE CHILD & ADOLESCENT SERVICES	1CS
5046-0000	MENTAL HEALTH SERVICES FOR ADULT CLIENTS	1CS
5095-0015	STATE PSYCHIATRIC HOSPITALS AND	1CS
5541-2689	TRUST FUND FOR THE OPERATION OF THE DR.	3TN
5911-2001	DEPARTMENT OF MENTAL RETARDATION	3TN
5920-2010	FOR STATE OPERATED COMMUNITY BASED	1CS
5930-1000	FACILITY SERVICES PROGRAM	1CS
7004-0304	LEAD-BASED PAINT HAZARD CONTROL PROGRAM	4FN
7006-0001	MASS RACING DEVELOPMENT & OVERSIGHT FUND	3TN
7007-0900	FOR EXPENSES OF THE OFFICE OF TRAVEL	1CS
7010-0005	DEPARTMENT OF EDUCATION-ADMINISTRATION	1CS
7032-0228	MASSACHUSETTS AIDS EDUCATION PROGRAM	4FN
7035-0020	MA STATE IMPROVEMENT GRANT PROJECT FOCUS	4FN
7044-0020	PROJECT FOCUS ACADEMY	4FN
7053-2202	SPECIAL SUMMER FOOD SERVICE PROGRAM-FOR	4FN
8000-4608	DRUG FREE SCHOOLS AND COMMUNITIES	4FN
8000-4609	NARCOTICS CONTROL ASSISTANCE	4FN
8000-4611	JUSTICE ASSISTANCE GRANT	4FN
8000-4620	STOP VIOLENCE AGAINST WOMEN FORMULA	4FN
8000-4691	STATE HOMELAND SECURITY GRANT PROGRAM	4FN
8000-4804	STATE AGENCY PROGRAMS	4FN
8900-0001	ADMINISTRATION AND OPERATION OF THE	1CS
8903-6202	SERIOUS & VIOLENT OFFENDER REENTRY	4FN
8910-0000	FOR A RESERVE TO FUND COUNTY	1CS
8910-0102	HAMPDEN COUNTY CORRECTIONS	1CS
8910-0108	FRANKLIN COUNTY CORRECTIONS	1CS



THE COMMONWEALTH OF MASSACHUSETTS  
TRAVEL AUTHORIZATION FORM (Form TAF)

Shaded areas must be completed if travel is subsidized by a private party, per 801 CMR 7.00

1. Date of Request: 02/06/12	2. Travel Request #:	3. Department/Division: DPH	4. DEPT/UNIT: 0294/294	5. Appropriation No.: 8100-9749
6. Name of Traveler(s): Sonja Farak		7. Title(s): Chemist II (Unit 9)	8. Dates of Travel: 03/18/12 - 03/23/12	8.a Destination Dulles, VA
<b>9. Travel Itinerary and Justification (If travel is privately subsidized, statement of purpose must include anticipated benefit to the Commonwealth and Employee):</b> Ms. Farak will be traveling to Dulles, VA March 18, 2012 through March 23, 2012 to attend a training seminar for Forensic Scientists involved in the analysis of controlled substances conducted by the Special Testing and Research Laboratory of the Drug enforcement Agency (DEA). The purpose of this seminar is to enhance Ms. Farak's skill as a Forensic Scientist. The 5 day training will include knowledge about analyzing different controlled substances, and the chemistry related to the analysis of controlled substances.				
<input checked="" type="checkbox"/> Supporting documentation, i.e. agendas or brochures, is attached. <b>Signature of Bureau Director/Assistant Commissioner/Hospital Director:</b> _____ <b>Date:</b> _____				

10. Estimated Expenses:		Private Funds	State/Federal Funds	Personal Funds	Other Funds
Transportation: (check all that apply)					
<input checked="" type="checkbox"/> Air <input type="checkbox"/> Rail <input type="checkbox"/> Bus <input checked="" type="checkbox"/> Taxi			\$587.40		
Car: <input type="checkbox"/> State <input checked="" type="checkbox"/> Personal <input type="checkbox"/> Rental			\$140.00		
			\$37.71		
Parking		Days	Rate/Amount		
		1	\$ 45.00	\$45.00	
Lodging:		5	\$ 118.80	\$594.00	
Meals:		1	\$ 87.50	\$87.50	
Other: (please list): Tips Registration Fee					
Sub Total(s)			\$1,491.61		
				<b>Grand Total</b>	<b>\$1,491.61</b>

11. Include names of all other travelers (including family, friends or coworkers) and how they will pay. In addition, if the travel consists of a non-business component, please describe:

12. Privately Subsidized Travel Information:		Not Applicable <input checked="" type="checkbox"/>
Name of Contact Person:	Describe all activities offered and intent to participate:	
Company:		
Address:		
Business Activity:		
Telephone Number:	Relationship Between Private Party and the	

13. Certifications and Authorizations			
I hereby certify under the pains and penalties of perjury that, to the best of my knowledge, the above information is true and correct.			
Signature of Traveler:		Date:	
I hereby certify that		Delegation from Secretary granted.	
Signature of Department Head or Designee:		Title:	Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Approved With Modifications <input type="checkbox"/> Comments Attached			

Signature of Cabinet Secretary:

Date: